

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WY		2-3-99
O.I.P.E. CLASSIFIER		10	2-9-99
FORMALITY REVIEW	09	59227	2/17/99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
06	1/10/99
01	1/14/99
02	1/15/99
03	1/16/99
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Claim	Date
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Claim	Date
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